

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/763581 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	27	↓	↓	↓	↓	↓
TOTAL CLAIMS	28	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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TOTAL IND.				
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]

BEST AVAILABLE COPY